

**FORM**  
**CERTIFICATION VERIFICATION REQUEST**

**INSTRUCTIONS:** Please complete the top portion of this form, enclose a check or money order for \$25 made payable to the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and mail to:

**National Certification Commission for Acupuncture and Oriental Medicine**  
**11 Canal Center Plaza, Suite 300**  
**Alexandria, Virginia 22314**  
**PHONE: (703) 548-9004**

(Please contact NCCAOM to make sure there has not been a change in fee schedule)

**I am applying for a Georgia Acupuncturist license. The Georgia Board requires your Board to complete this form in order that my application for licensure may be considered. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.**

Please print clearly:

FULL NAME	STREET ADDRESS, APT. NO.	CITY	STATE	ZIP CODE
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LICENSE #	ISSUED	EXPIRES
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**PART 2: This Section To Be Completed By An Official of the above referenced licensing Board.**  
**Do Not Return This Form To the Applicant, but mail it directly to:**

**Georgia Composite State Board of Medical Examiners**  
**ATTN: ACUPUNCTURIST LICENSURE**  
**2 Peachtree Street, NW - 36th Floor**  
**Atlanta, Georgia 30303**

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|--|--------------------------|-----|--------------------------|----|
| 1. Is the above individual currently certified in your state?                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. What was the total number of hours in training?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Was this person required to take an exam? If so, name the exam: _____                         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Has this license ever been revoked, suspended, denied or otherwise disciplined by your state? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Has the above individual ever been convicted of a felony?                                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Do you know of any reason why certification should be denied?                                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Name of verifying person:

Signed \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Title

\_\_\_\_\_ Agency Name

\_\_\_\_\_ Agency Phone Number